



Contributing to a better quality of life

Request to Close Business Tax Accounts**Request must be mailed or faxed to:**

Louisiana Department of Revenue
 Taxpayer Services Division
 P.O. Box 201
 Baton Rouge, LA 70821
 (225) 219-7356 (telephone) (225) 219-2210 (fax)

Note: A separate form is not necessary if the change applies to all taxes.

Legal Name			
Trade Name			
Address	City	State	ZIP

I hereby authorize the following account(s) be closed:

<input type="checkbox"/> Sales	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Withholding	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Severance	Account Number	Close Date (mm/dd/yyyy)
<input type="checkbox"/> Other *(Specify) _____	Account Number	Close Date (mm/dd/yyyy)

* Tax accounts other than the types listed above may require additional documentation for closure. Please contact Taxpayer Services for more information regarding documentation requirements.

Authorization

Contact Person	Daytime Telephone Number
Signature X	Date (mm/dd/yyyy)